



**BlueCross BlueShield
of Delaware**
A CareFirst Company

Blue Cross Blue Shield of Delaware and CareFirst, Inc.,
are independent licensees of the Blue Cross and Blue
Shield Association.

GROUP NAME _____

GROUP # _____

STATE OF DELAWARE ACCOUNT TRANSMITTAL REPORT

This form has been prepared for your guidance and serves as a record of applications and cancellations sent by your school or agency to the Blue Cross Blue Shield of Delaware. An Application For Coverage form should be completed for any additions or changes in coverages.

Please send the completed white and yellow copies of this report with the accompanying applications to the State Personnel Office/Benefits, Blue Hen Corporate Center, Suite 202, 655 S. Bay Rd., Dover, DE 19901, (internal State mail code: D620E). Keep the pink copy for your office files.

| SCHOOL / AGENCY | | | ACCOUNT NUMBER | SUBMITTED BY: PHONE # | | DATE SUBMITTED (Month, Day, Year) | <input type="checkbox"/> CURRENT PREMIUM <input type="checkbox"/> BALANCE FORWARD \$ | TOTAL AMOUNT DUE \$ | NUMBER OF APPLICATIONS SENT | PAGE _____ OF _____ |
|----------------------------|------|--------|----------------|--------------------------|--------------------------|--------------------------------------|--|------------------------|-----------------------------------|--------------------------------|
| PLEASE CHECK ONE BOX | | | NAME | EFFECTIVE DATE | IDENTIFICATION NUMBER | CANCEL REASON CODE | HOME ADDRESS (For Cancellations Only) | PREMIUMS DUE | | BCBSD & HCCC USE ONLY |
| Add | Chng | Cancel | | | | | | + | - | |
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Cancellation Reason Codes:

D - Deceased

LE - Left Company

ML - Military

SR - Customer Request

DC - Duplicate Coverage

M - Marriage

OP - Transferred to other BCBS Co.

TP - Transfer to Pension